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DRUG ABUSE IN CANADA

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Political and Social Affairs Division

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DRUG ABUSE IN CANADA

ISSUE DEFINITION

The abuse of narcotic and other psychotropic drugs has been for years a serious social, medical and legal problem in Canada and internationally. Drug abuse may be defined as any non-medical use of a drug that causes harm. Although legally available mood-altering drugs, especially alcohol, cause extensive damage in our society, this paper is limited to a discussion of the use and effects of illicit drugs in Canada, particularly cannabis and cocaine.

The problems associated with the use of illegal drugs were recognized internationally in the 1980s as a major threat to the well-being of society; the International Narcotics Control Board warned that drug abuse had reached unprecedented dimensions. A Resolution of the United Nations General Assembly in December 1985 urged all nations to work to the utmost to combat drug abuse and illegal trafficking by increasing political, cultural and social awareness. In the United States, a "war on drugs" was declared in 1986.

In Canada, trade in illicit drugs and their effects have caused concern. It is difficult to assess the dimensions of the problem accurately since there are limited statistical data on illegal activities and no way of measuring the extent of their effects. Public concern, however, was recorded by a Gallup Poll in November 1986 which showed that 75% of those questioned believed there was an epidemic of illegal drug use in Canada. The 1986 Speech from the Throne cited traffic in illegal drugs as a grave and growing threat and in response to it the National Drug Strategy, later named Canada's Drug Strategy (CDS), was implemented. The seriousness of this threat and the urgency of the need for new measures to deal with it have been questioned, however, by some who suggest that the problem in this country is not of crisis proportions. This review discusses the extent of illegal drug use in Canada, its impact on our

society and some of the remedial measures taken. In view of the complexity of the subject matter, this paper can provide only a very limited overview.

BACKGROUND AND ANALYSIS

A. General Trends in Illegal Drug Use

The illegal drug trade involves a number of drugs and their derivatives, used in different ways with various kinds of harmful social and health effects. The narcotic drugs include opium and its derivatives, morphine and heroin. In legal terms in Canada, narcotics also include cannabis and cocaine. Other kinds of psychotropic or mood-altering drugs are the hallucinogens such as lysergic acid diethylamide (LSD) and the stimulants, amphetamines and methamphetamine (speed). Powerful new "designer drugs" have been developed and used, including synthetic heroin. A new, crystallized form of "speed" called "ice" is potent and addictive. The use of these drugs is accompanied by risks in varying degrees, mainly to the health and well-being of the user, but also to the security of the public.

Although there is no long tradition of extensive illegal drug abuse in Canada, in recent decades the situation has changed. During the 1960s, following the trend in the United States, the use of illicit drugs in Canada became much more common than previously and new hallucinogens such as speed and LSD became available. In the mid-1960s a new era of drug-taking among young people in this country began, especially in the use of marijuana. In 1974 the Solicitor General warned that trafficking in cannabis was no longer carried out chiefly by young individuals but rather by major criminal organizations. By the early 1980s, Canadian youth (from 15 to 24 years) had one of the highest rates of cannabis use in the world. Cannabis and other illegal drugs, such as stimulants, were reported to be available in most high schools and rarer drugs, such as LSD and cocaine, in many. A 1987 survey by the Addiction Research Foundation of Ontario (ARF), however, suggested that changes were taking place. Fewer Ontario teenagers appeared to be using cannabis, barbiturates or stimulants than in 1985, although other drug use remained about the same.

There are regional differences in heroin use; it is mostly available in metropolitan centres. The amount seized in Canada rose from seven kilograms in 1981 to 99 in 1991, and heroin offences increased from .8% of all drug offences in 1980 to 2.4% in 1991. Despite a 60% increase between 1990 and 1991 in the amount of heroin seized, the user population appears to be stable, estimated at 30,000 - 35,000 addicts in 1991. A number of deaths from unusually pure heroin occurred in 1992 and subsequently.

The most popular known chemical drug of abuse reported in Canada in 1986 was LSD. The number charged with chemical drug offences declined during the mid-1980s but increased between 1990 and 1991. The use of dangerous innovative "designer drugs" and the diversion of pharmaceuticals for abuse represent other threats of unknown proportions.

There have been some indications in recent years that the use of illicit drugs in Canada may be levelling off and even beginning to decline. First-time cannabis use declined between 1986 and 1990, and the rate of narcotic drug offences decreased from 1989 to 1992. The CDS identified trends, however, toward the multiple use of drugs, the prevalence of cross addiction and the decreasing age of substance abusers. A 1989 survey showed that "heavy" alcohol consumers were far more likely than others to use illegal drugs.

Trends in illegal drug use are constantly changing; they are difficult to define because there are never sufficient data to state with accuracy the extent of actual use. Drug offences are less likely to be reported than most other crimes. Available statistics are sometimes difficult to reconcile as they may be based on reported offences, criminal charges or convictions, or on special surveys. There are also regional variations.

Most illicit drugs used in Canada are smuggled into this country. The street value of drug seizures increased between 1981 and 1986, from \$45 million to more than \$380 million. There are indications that drug smuggling into Canada has continued to increase significantly. Concern has been expressed that relaxed trucking regulations under NAFTA will facilitate cross-border drug traffic.

Of the many illegal drugs used in Canada, two deserve particular attention: cannabis, because of its prevalence, and cocaine, because of the increase in its use and the development of its new derivatives.

1. Cannabis

Cannabis is the most commonly used illicit drug in Canada. It came to be widely used under the mistaken assumption by many that it was harmless. Its considerable hazards are still not well understood by the public, though the American Medical Association warned in 1981 that it is a dangerous drug with great potential for serious harm to young users.

The cannabis plant contains more than 60 unique chemicals called cannabinoids. Some of these (THC in particular) cause mood changes in the user and affect perception and thought. Street cannabis, as described in 1983, comes in the form of marijuana, the "tobacco" form, with about 5% THC; hashish, with up to 12%; and hash oil with about 20% THC. Since that time the plant has been cultivated in more potent strains. In February 1991 available marijuana was reported to be 12 to 15 times more powerful than in the 1960s.

Cannabis appears to be available in most regions of the country, most commonly as marijuana. The Health Minister in December 1986 warned that many cannabis users are turning from marijuana to the more potent and dangerous forms, such as hashish.

Studies have shown that the extent of cannabis use varies with factors such as age, region and population density. A national study in 1989 found regional variations, with the highest rate of use among people 20 to 34 years of age. A 1989 ARF study showed that about 14% of the Ontario students surveyed had used cannabis, down from 30% in 1981. Among street youth in Toronto, however, 92% had used cannabis.

Typical short-term effects of this drug include euphoria, misperception of time and impairment of attention and short-term memory. It can produce unpleasant and harmful effects, noted by scientists for the World Health Organization (WHO) and ARF. These effects include nausea and chest pains. Among heavy users, harmful effects can include chronic intoxication, anxiety, hallucinations, respiratory toxicity such as bronchitis, dependence, and impairment of thinking and learning abilities. (Studies in Ontario indicated that school drop-outs had higher than usual rates of cannabis use both before and after leaving school and that, of teenagers studied, non-students had highest rates of use of the drug.) Cannabis psychosis, however, occurs in only a small percentage of users.

Chronic effects of regular cannabis use have been found to include fragmentation of thought, diminished communications skills and overall personality impoverishment. Research has also shown that cannabis users are more likely than others to drink alcohol, to smoke cigarettes and to use other non-opiate drugs. For this reason, cannabis has been described as a "boundary" drug. Its users often go on to use one or more other drugs, usually LSD, stimulants or hallucinogens. Studies have shown that 100% of adult LSD users and 100% of cocaine users surveyed had also used cannabis. Canadian research during the 1970s provided some evidence of long-term effects of cannabis use on personality and mental health. Users were found to have a higher than normal incidence of psychological problems.

In 1985, it was estimated that there were over one million cannabis users in Canada. A national survey in 1989 revealed that more than 1.3 million Canadians had used cannabis during the preceding year and almost 300,000 used it on a weekly basis. **The percentage of users in the adult (over 15) population declined, however, from 12% in 1980 to 6.5% in 1989, with fewer than 23% of this group using it as often as weekly.** In 1991, the ARF reported a decline in the percentage of cannabis users among Ontario adults, from 10.5% in 1989 to 6.8% in 1991. Seizures of cannabis in Canada increased by 94% from 1986 to 1987, decreased from 1987 to 1989, and increased in 1990. The number of cannabis offences as a percentage of all *Narcotic Control Act* (NCA) offences declined from 93% in 1981 to 61% in 1991 and 60% in 1992. The 1991 rate decreased by 15% from 1990. These decreases may reflect, in part, changes in police enforcement practices. There are indications that the numbers of casual users are declining while the numbers of frequent users are increasing.

2. Cocaine

Cocaine is a strong stimulant, a local anaesthetic and a dangerously addictive drug. It has increased in popularity in recent years, attracting users from all socio-economic groups. The RCMP has reported a growing cocaine market in this country. The amount seized increased from 116 kg in 1983 to 247.6 kg in 1990, and 899.4 kg in 1991. The number of persons in Canada charged with cocaine offences rose from 1,030 in 1983 to 2,091 in 1991. As a percentage of total drug offences, cocaine offences increased from 1% in 1977 to 2.3% in 1980 and 24% in 1989, decreasing to 22.1% in 1990. Between 1978 and 1987, cocaine

convictions increased from 15% to 48% of all drug convictions. Although the overall NCA offence rate declined by 7% from 1990 to 1991, the rate for cocaine rose 25%.

A national survey indicated that 3.5% of Canadian adults in 1989 had used cocaine at some time, and 1.4% during the year prior to the survey. Most cocaine abusers are males in the 20 to 34 age group. The number of known users in Canada increased from 7 in 1970 to 4,869 in 1983 and 13,156 in 1989. A 1992 ARF survey in Ontario, however, found the user population to be stable between 1987 and 1991, at 1.8%.

Cocaine use can result in various kinds of physical and psychological damage. A 1987 Canadian study revealed that occasional reactions accompanying cocaine use included paranoia among 23% of the users, aggression or violence among 17%, and hallucinations among 14.5%; more than 51% of users felt a craving afterwards to use it again. A WHO advisory group in 1987 considered cocaine the most dependence-producing drug available. Chronic cocaine use leads to physical damage to the brain and may cause heart attacks. Any cocaine use during pregnancy may have serious adverse effects on the unborn child.

A dangerous form of cocaine, called "crack" or "rock," is easily prepared, very potent and more quickly addictive than cocaine. Its effects are immediate brief euphoria followed by depression and other unpleasant symptoms. Crack attacks the body, brain and nervous system. Its continued use causes lung damage and can lead to respiratory arrest, coronary attacks, malnutrition and psychological problems. In the 1980s, crack became a major problem in some American cities, and in 1986 it was reported to be in Canada. Its use has spread to various parts of the country, although it is most prevalent in larger cities.

An ARF study in 1989 suggested that cocaine use in Toronto was declining, although a hard core of addicts maintained a high level of demand. A 1991 ARF study indicated that in Ontario, cocaine use declined in the student population, and remained stable for adults, after 1985. The RCMP reported that cocaine was available and used in most parts of Canada in 1989-90. Evidence from medical tests for life insurance purposes indicated an increase in cocaine use from 1990 to 1991, among Canadians aged 20-39.

B. Social and Economic Consequences of Drug Abuse

The damaging effects of drug abuse constitute a threat of incalculable proportions to the health, social well-being and economy of the nation. Although there has been a lack of statistical research on the social costs of drug abuse, examples of its harmful effects abound. The many major health and social problems related to drug abuse include increased violence and criminal activity, prostitution, mental illness, suicide and accidental death and injuries, for example, from highway or railway accidents.

Many associations exist between drug use and crime, ranging from homicide or other violence carried out while the perpetrator is under the influence of drugs or involved in trafficking, to robberies performed to support expensive drug habits. Where the crack trade has taken root, the violent crime rate has increased. Organized crime relies on drug trafficking as a major source of revenue, and resorts to violence for dispute resolution and discipline. Moreover, possession, cultivation and importation of proscribed drugs constitute a class of additional criminal activities. From 70% to 90% of all crimes in Canada are related to alcohol abuse or use of illegal drugs.

In federal penitentiaries, about 29% of male inmates surveyed since 1989 reported having been under the influence of drugs (other than alcohol) when they committed a crime, and 71% of this group reported drug consumption as a precipitating factor. Studies indicate that drugs are also implicated in violence and suicide in Canadian prisons. It has been estimated that about 70% of federal prisoners use illicit drugs.

Among young people, drug abuse has been found to be most common among the chronically delinquent. Toronto police describe a typical crack dealer as being between 17 and 21 years of age, a school dropout, unemployed and addicted to crack.

Some of the health risks of drug abuse have been discussed. They vary in nature and extent with the kind and amount of drug used and the length of time of continued use. Combinations of drugs have been especially harmful. In addition, the practice of using illegal drugs by injection is one of the causes of the spread of AIDS. The total number of deaths, disabilities and illnesses to which illegal drug use has contributed is not known.

Personal and family stress are both caused and aggravated by drug abuse. Personality changes resulting from cocaine and heroin use affect both the users and others around them. Family breakdown frequently results from drug addiction and child abuse often occurs when an addict is unable to change established habits to accommodate the needs of a child.

Drug abuse results in serious economic costs to society, relating to law enforcement, criminal justice, social welfare and health care systems, as well as the lost potential of individuals. Unemployment among people addicted to drugs is higher than normal. Chronic unemployment may result from frequent absences, tardiness and inability to perform work because of the physical and mental effects of drug use, including intoxication or apathy. The ARF has estimated the cost of economic harm caused by illegal drug use in Canada to be about \$4.6 billion annually. It was reported in 1991 that substance abuse in the workplace costs Canadian companies about \$2.6 billion annually.

C. Controls and Remedial Measures

Because its causes are so complex, drug abuse is very difficult to control. Although some have viewed it as a result of economic deprivation, a national survey in 1989 showed no significant relationship between income levels and illegal drug use.

In the past, Canada has depended largely on firm legal controls as a response to the problems of drug abuse. This nation has cooperated with international efforts to control the illicit drug trade and is a party to the treaty on narcotic drugs which bans their cultivation, importation, trafficking, manufacture and trade for other than medical or scientific purposes. In June 1987 Canada acceded to the 1971 United Nations Convention on Psychotropic Substances. This country contributes annually to the UN Fund for Drug Abuse Control. In 1991 Canada joined the Inter-American Drug Abuse Commission.

Statistics suggest that the RCMP have directed their efforts to preventing more serious violations of drug laws than those at the street level. Between 1981 and 1985, for example, the annual number charged with possession of narcotics decreased, while charges for trafficking and importation increased. The RCMP Anti-Drug Profiteering (ADP) program has

focused on identifying proceeds of crime for seizure. In 1991, \$15 million in cash and assets were seized or referred to other agencies. From 1986-1987 to 1990-1991, the number of persons charged with drug offences increased by 12% and the rate of admissions to custody for drug offences, by 33%.

Aside from the criminal justice system, other avenues of prevention and control of drug abuse must be developed, such as education and treatment, and crisis intervention through, for example, accessible clinics and hot-lines. In addition, experts advocate research to monitor and warn of trends in illegal drug use and to develop means of prevention and treatment. In some occupations, testing for drug use has been instituted as a safety measure.

The problems of drug abuse cannot be remedied without the awareness and cooperation of the public and concerted community efforts. Progress is being made in this respect. In January 1991, for example, the City of Toronto allocated \$500,000 for prevention projects.

CDS, first announced on 25 May 1987, emphasizes education, prevention and treatment. It also includes plans to improve legislation and regulations for drug control, to increase federal monitoring and enforcement capacity, to support research and to further international cooperation to fight drug abuse. The government allocated \$210 million over five years for the Strategy, with the largest percentage of resources committed (38%) to be used for treatment, followed by 32% for education and prevention. A Canadian Centre on Substance Abuse, to collect and disseminate data on drugs, was established in 1988 and Canada's Drug Strategy Secretariat, to coordinate initiatives, in 1990.

The CDS was renewed in March 1992, with allocation of \$270 million over five years. The renewed strategy includes the federal Driving While Impaired prevention program.

1. Education

~~For some years police forces in Canada have cooperated with school authorities~~ to give educational talks on drugs to school children. Through its PACE program (Police Assisting Community Education), the RCMP trains officers across Canada to deliver prevention messages to schools and community groups. A drug abuse expert has urged that the impact and effectiveness of such programs be carefully assessed.

Research indicates that school-based education alone is not enough to prevent drug abuse. These programs need the support of others in the home and the community to counteract the range of influences outside the classroom. They have to contend with a society in which people are taught to be consumers and to seek chemical solutions for personal and health problems and in which nearly one-third of media advertising promotes some kind of drug use.

The 1987 report of the House of Commons Health and Welfare Committee emphasized the need for comprehensive drug education programs. The primary goal of the national strategy is, in fact, to heighten public awareness of drug abuse. To that end a public education campaign has been undertaken with media messages, a drug awareness week and the development of information telephone lines and training materials. The RCMP has expanded its community drug prevention programs. Over 8,000 Drug Awareness presentations are now made each year. In addition, support is given to youth employment activities which stress life skills development. Some private sector educational initiatives have been undertaken as well.

As part of Canada's Drug Strategy, Health and Welfare Canada prepared an educational program, "Your Choice ... Our Chance," based on original research and designed for education ministries and drug abuse prevention organizations. Its school component consists of 10 videos, with a Teacher's Guide, to encourage class discussion, and its community component includes documentaries and a handbook to assist parents, professionals and volunteers.

2. Treatment and Rehabilitation

Drug abusers require various kinds of treatment, ranging from advice to long-term medical care. There are both pharmacological and drug-free treatments. Methadone programs for narcotic addicts, which attempt to span the gulf between narcotic addiction and normal life, were criticized by a B.C. expert in January 1991. The new federal strategy includes the establishment of an advisory committee on methadone and other drug-based treatment.

Residential treatment centres in Canada provide some drug-free programs for addicts. These range from an expensive, private institution in Toronto offering therapeutic programs and long-term treatment and follow-up, to Salvation Army residences providing free short-term treatment. There is a pressing need, however, for more specialized treatment centres,

particularly for addicted youths. The Ontario advisory committee on drug treatment reported in December 1990 that the province is seriously under-serviced for drug treatment and that referrals to the United States are costly to the health-care system.

Deaths among young solvent abusers have drawn attention to the seriousness of the situation in northern Canada. In mid-1993, for example, it was reported that, although there were about 2,200 solvent abusers in northern Manitoba, there were no treatment beds available in the region.

The national Health and Welfare Committee recommended a federal-provincial cost-sharing program to increase funding for treatment and rehabilitation, with children and youth as the first priority. It was reported in February 1991 that \$70 million had been earmarked under the CDS for treatment programs conducted on a 50:50 cost-sharing basis with the provinces.

3. Drug Testing

Techniques are available to test for the presence of drugs in the body. Such testing, however, raises some policy and practical issues. One of these concerns the frequency of testing: drugs differ widely in the length of time they remain in the body tissue and fluids; for example, while marijuana may be detectable for up to a month, cocaine may be eliminated in about eight hours. Another problem is that individuals tested may have to disclose medical conditions for which they have taken prescribed drugs. This may be viewed as an undue invasion of privacy.

Drug screening programs are now in use by many employers in the United States. In Canada a few employers, including Air Canada and Canadian National, require job applicants to be tested for illegal drugs. Although the Canadian Labour Congress is opposed to the practice, a Gallup Poll in October 1986 showed that 64% of Canadians favoured mandatory drug testing for those with special responsibilities. The Health and Welfare Committee recommended that drug screening of employees should be introduced only under certain conditions where there is a real risk to safety and that legislation to control screening should be considered.

Following nationwide consultation on the issue in 1988, the federal government concluded that mandatory testing would not be part of CDS, although it recognized that, in

exceptional circumstances, public safety concerns may necessitate its consideration. In 1990, the Transport Minister announced a plan for drug-testing of transportation workers in safety-sensitive positions. Testing of members of the Canadian Forces began in 1992. The federal Privacy Commissioner reported in July 1993 that the results revealed very low rates of drug use and testing was unwarranted.

In the private sector, a Canadian bank began testing its executive staff in 1990 and later announced plans to extend testing to all new employees. In 1992, Imperial Oil Limited began mandatory drug testing as a condition of employment for all new employees, and random testing for employees in safety-sensitive positions. **Complaints were filed with the Ontario and federal human rights commissions, and in January 1994, hearings were held before a federal tribunal.**

D. Conclusion

Canada has a long-term problem of illegal drug abuse. Cannabis is the most common illegal drug but cocaine use has increased in recent years and heroin use continues. The illicit drug trade appears to be thriving and many people are using more powerful and dangerous drug substances than previously.

To reduce the supply of and demand for illegal drugs will require a combination of legal sanctions, educational efforts and public health approaches. Various policy options have been suggested, including legalization and controlling production, marketing, retailing, and distribution. It has even been suggested that governments purchase coca and opium crops wholesale and destroy them.

A report of the Inter-American Commission on Drug Policy released on 11 June 1991, however, recommended a shift away from strategies that do not work, such as interception of shipments, and a redeployment of resources to reduce the demand for illicit drugs. Concluding that the key to successful policy is the reduction of drug use, it advocated greater attention to and funding of programs that work - those that reduce demand and provide treatment for abusers, as well as street-level enforcement and restraint of criminal activity.

Greater knowledge of how drugs work and of addictive disorders is needed. The extreme difficulty of finding solutions to the problems of drug abuse is a result of the complexity of the interaction of biological, social, psychological and cultural forces. Experts have advocated that research in these areas should be made a long-term priority.

Canada's Drug Strategy has to an extent shifted the emphasis of anti-drug efforts from reducing supply to decreasing demand. It involves several federal departments and the RCMP in a wide range of initiatives relating to public education, treatment, rehabilitation, law enforcement and research. About 70% of CDS funds are being spent on rehabilitation, education and prevention.

The head of the Canadian Centre on Substance Abuse advised in 1990 that drug use be treated more as a public health concern than as a criminal issue. One authority expressed concern in mid-1992 that the CDS appeared to have shifted from a balanced approach to one stressing greater enforcement, with criminalization remaining the dominant policy. The Minister of National Health and Welfare, however, stated on 31 March 1992 that prevention is the heart of Canada's Drug Strategy.

PARLIAMENTARY ACTION

The *Narcotic Control Act* of 1961, as amended, prohibits and sets penalties for the possession, sale, importation and cultivation of opiate drugs, cocaine and cannabis. Parliament amended the Act in 1969 to permit, as an alternative, summary trial proceedings for simple possession, with lesser penalties than those pertaining under indictment proceedings.

The *Food and Drugs Act* (1920), as amended, makes it an offence to traffic in, or possess for trafficking, a variety of controlled drugs such as amphetamines. In 1969 Parliament added Part IV to the Act, making it an offence to possess, traffic in or possess for trafficking certain restricted drugs, including LSD.

The final report of the Commission of Inquiry into the Non-Medical Use of Drugs (the LeDain Commission), tabled in the House of Commons on 14 December 1973, warned that treating addiction as only a criminal matter was not solving the problem.

The *Narcotic Control Act* was amended in 1985 to make it an offence to seek a medical prescription for a narcotic without disclosing to the practitioner consulted details of any such drug or prescription received during the preceding 30 days.

On 25 May 1987, the Minister of National Health and Welfare announced the National Drug Strategy. The House of Commons Standing Committee on National Health and Welfare held hearings on substance abuse in Canada and, on 2 November 1987, tabled in the House its Report, *Booze, Pills and Dope: Reducing Substance Abuse in Canada*, with 31 recommendations.

On 28 July 1988, Parliament passed Bill C-58, to facilitate the international exchange of information in the investigation of offences, including drug trafficking.

Bill C-264, prohibiting the sale of instruments and literature for illicit drug use, was passed by the Commons on 22 August 1988 and by the Senate on 1 September 1988.

Bill C-143, to create a Canadian Centre on Substance Abuse, was passed by the House on 31 August 1988. Its purpose was to increase awareness of drug abuse and to promote programs for its reduction. The bill received Royal Assent on 13 September 1988.

The House of Commons Transport Committee, having reviewed proposals for mandatory drug-testing of transportation workers, presented its Report to Parliament on 12 June 1990, rejecting the strategy of random mandatory testing.

Bill C-61, to respond to the threat of new drugs and to combat drug trafficking, was passed by Parliament in 1988 and took effect in 1989. It subjects the "proceeds of crime" to forfeiture, prohibiting, for example, the possession or laundering of proceeds from illicit drug activities. In the summer of 1990, the Minister of State for Finance indicated that record-keeping standards would be established to assist police in money-laundering investigations. Legislation to this effect, Bill C-89, was introduced in October 1990 but died on the Order Paper. Its revised replacement, Bill C-9, was introduced on 27 May 1991 and passed in the House on 19 June 1991 and in the Senate on 21 June 1991, receiving Royal Assent the same day.

The *Psychoactive Substances Control Act* (Bill C-85), was introduced in the Commons on 11 June 1992 to consolidate and improve the NCA and parts of the *Food and Drugs Act*. It would have facilitated regulation of new "designer drugs," increased flexibility



in prosecuting cannabis offences, and implemented provisions of two international conventions ratified by Canada. Bill C-85 was referred to committee on 6 May 1993. The committee reported on 3 June 1993; however, with the election call, the bill died on the Order Paper.

The Controlled Drugs and Substances Act (Bill C-7) was introduced on 2 February 1994 and debated at second reading on 18 February 1994. Bill C-7 would consolidate Canada's drug policy to fulfil international obligations, and would repeal the *Narcotic Control Act*. It would provide a framework to control the import, production, export, distribution and use of substances that can alter mental processes and may harm health and society, mechanisms to ensure use of such substances is confined to medical, scientific and industrial purposes, and enforcement measures.

CHRONOLOGY

- 1908 - The *Opium Act* prohibited trafficking in opium.
- 1911 - Penalties were introduced for possessing or smoking opium.
- 1922 - Revision of drug laws included a penalty for providing drugs to minors.
- 1923 - Cannabis was added to the controlled drugs under the *Opium and Narcotic Drug Act*.
- 1938 - Cultivation of opium and cannabis were made criminal offences.
- 1956 - The Bureau of Dangerous Drugs started to publish information on known users in Canada. There was one known cocaine user. An experimental treatment centre for addicts opened in Ontario.
- 1960 - The Addiction Research Foundation began to study addiction to drugs other than alcohol.
- 1961 - Changes were made to the *Narcotic Control Act*, and Canada ratified the Single Convention on Narcotic Drugs.
- 1973 - The Final Report of the LeDain Commission was published.

- 1981 - The RCMP began its Anti-Drug Profiteering Program to counteract financial gain from trafficking.
- 5 May 1987 - The new federal program to fight drug abuse was announced.
- June 1987 - Canada formally acceded to the 1971 international Convention on Psychotropic Substances.
- 20 June 1988 - Canada joined the other "summit" nations in adopting a proposal to set up an international task force on drug problems.
- July/September 1988 - Bill C-61, to amend the *Criminal Code*, the *Food and Drugs Act* and the *Narcotic Control Act*, was passed by the Commons. Bills C-264 and C-61 were passed by the Senate and, with C-143, received Royal Assent.
- 1 June 1990 - The Privacy Commissioner questioned assumptions about drug use and warned that mandatory testing would deny privacy rights.
- 25 June 1990 - The Minister of National Health and Welfare released the "National Alcohol and Other Drugs Survey," the first comprehensive national data on drug use, which suggests a trend toward cessation of illegal drug use with age.
- 7 November 1990 - The Minister of Transport indicated that policy on substance abuse would focus on education of employees and testing would be done only in certain circumstances, not at random.
- 21 June 1991 - Bill C-9, to deter laundering the proceeds of crime, became law.
- 2 September 1991 - The Revenue Minister estimated the extent of illegal drug consumption in Canada at about \$10 billion and stated that the doubling of cocaine seizures in one year indicated a sharp increase in drug smuggling into this country.
- January 1992 - The International Narcotics Control Board reported that, despite some encouraging developments, drug abuse worldwide remains a grim problem.
- 31 March 1992 - CDS was renewed for five years.
- 6 April 1992 - The Solicitor-General announced a new program for special police units to target drug trafficking.

- December 1992 - DND announced completion of the first phase of its mandatory drug-testing program.
- 2 February 1994 - The Controlled Drugs and Substances Act (Bill C-7) was introduced in the Commons.
- 18 February 1994 - Bill C-7 was debated at second reading.
- March 1994 - Health workers at the International Conference on the Reduction of Drug-Related Harm, held in Toronto, warned of a potential AIDS crisis in prisons.

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